WRIT OF REPLEVIN	TWO-SIDED FORM
In The District Court of the First Circuit Division	Form #1DC55
STATE OF HAWAI'I	
Plaintiff(s)	
	Reserved for Court Use
	Civil No.
	CIVIL IVO.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
WRIT	OF REPLEVIN
THE STATE OF HAWAI'I:	
TO: The Director of Public Safety of the State of Hawaiʻi, his/h	er deputy or any police officer or other person authorized by the laws of the
State of Hawai'i. Plaintiff(s), on the day of	, 200 before the undersigned Judge of the above-
entitled Court, obtained an order for repossession of personal prop	perty against Defendant(s) for possession of the item(s) described as follows:
PERSONAL PRO	PPERTY OF PLAINTIFF(S)
	AL NUMBER VALUE (Applicable)
NOW, YOU ARE COMMANDED TO REPOSSESS, possession thereof; and make due return of the writ.	forthwith, the above item(s) from Defendant(s) and put Plaintiff(s) in full
Date: Judge of the above-entitled Cou	ırt
WRITRPL.2X (Amended 4/18/97)v	SEE REVERSE SIDE

I certify that this is a full, true, and correct copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i

I am duly authorized by Hawaiʻi law to serve this Writ and I executed this Writ on the following person(s):	
at	
on this day of	
	Signature of Serving Officer:
Date:	Print/Type Name:
In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.	